



INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

The Individualized Family Service Plan describes how the First Steps early intervention system will assist each family in helping their very young child with a disability or developmental delay to grow and develop.



Section 1: CHILD INFORMATION

*Child's Name: _____ *Nickname: _____ *Gender: M F A
*Home Street/Address: _____ *Mailing Address: _____
*City/Town: _____ MO, Zip: _____ *County: _____
*Date of Birth: _____ Chronological Age: _____ Adjusted Age: _____
*Reason for Eligibility: _____ *Native Language : _____
*School District: _____ *SSN#: _____ *Medicaid #: _____

DIRECTIONS TO CHILD'S HOME

*MEETING DATE INFORMATION:

IFSP Meeting Type:

☐ Interim ☐ Initial ☐ 6 Month Review ☐ Interperiodic Review ☐ Annual ☐ Transition

Meeting Date: ____/____/____

IFSP Start Date: ____/____/____

IFSP End Date: ____/____/____